

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID #.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	111- 8	571	10-3000 12/08/00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	
Final	Original	
1	✓	8-27-00
2	✓	
3	✓	
4	✓	
5	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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